

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002, West Sacramento, CA 95798-9002
(800) 952-5210 Fax (916) 575-7290 www.bsis.ca.gov

REQUEST FOR COMPANY NAME CHANGE TRAINING FACILITY FIREARM

No Fee Required

(An incomplete form will not be processed.)

License Number

TFF

SECTION A: LICENSEE/APPLICANT INFORMATION (PLEASE PRINT)

Requestor Name		(Last)	(First)	(MI)
Position Title		Current Company Name		
Last 4 digits of your Social Security Number		Date of Birth (Month/Day/Year)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION B: REQUESTED COMPANY NAMES

❖ Please list at least five names for consideration.

1.	4.
2.	5.
3.	6.

SECTION C: LICENSEE/ APPLICANT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate, and that I did not change my company name for purposes of fraud.

Signature of Applicant	Date
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